

**Presbytery of Prospect Hill – Expense Voucher**

Name \_\_\_\_\_

Budget Line Item \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

| Date | Detail | Rate per Mile* | Round Trip Mileage | Other Expense | Total |
|------|--------|----------------|--------------------|---------------|-------|
|      |        |                |                    |               |       |
|      |        |                |                    |               |       |
|      |        |                |                    |               |       |
|      |        |                |                    |               |       |
|      |        |                |                    |               |       |

**Subtotal:** \$ \_\_\_\_\_

**Less my Contribution:** \$ \_\_\_\_\_

**Total Due:** \$ \_\_\_\_\_

Signed (Payee) \_\_\_\_\_

Approved for Payment \_\_\_\_\_  
(Committee Moderator or Presbytery Staff)

Please deduct from the above amount of expense the sum of \$ \_\_\_\_\_, which I am hereby making as a contribution to the Presbytery of Prospect Hill.

Signature of Contributor \_\_\_\_\_ Date \_\_\_\_\_

Contribution Acknowledged \_\_\_\_\_

(A signed copy of this voucher will be returned as your receipt for income tax purposes.)

**Submit completed and signed voucher, with receipts attached, to: Presbytery Office  
Lakeshore Center at Okoboji  
1864 Hwy. 86  
Milford, IA 51351**

\*2022 IRS reimbursement rates are:      Committee members – 14 cents/mile  
Presbytery Staff – 58.5 cents/mile